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23676

7590

10/18/2005

SHELDON & MAK, INC  
225 SOUTH LAKE AVENUE  
9TH FLOOR

PASADENA, CA 91101

11/02/2005 TBESHAR2 00000022 192090 10506911

01 FC:2501 700.00 DA  
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Marilyn Paik

(Depositor's name)

November 1, 2005

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/506,911	09/02/2004	Jerrold S. Petrofsky	13999-1US	5422

TITLE OF INVENTION: METHOD AND DEVICE FOR WOUND HEALING

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	01/18/2006
EXAMINER	ART UNIT	CLASS-SUBCLASS			
JASTRZAB, JEFFREY R	3762	607-050000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 David A. Farah, M.D.

2 SHELDON &amp; MAK PC

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Loma Linda University

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Loma Linda, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
☒ Advance Order - # of Copies 6

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5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.  
NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

David A. Farah, M.D.

Date

November 1, 2005

Typed or printed name

David A. Farah, M.D.

Registration No.

38,134

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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**TRANSMITTAL OF PAYMENT OF ISSUE FEE (Small Entity)**  
(37 C.F.R. 1.311)Docket No.  
13999-1US

Applicant(s): PETROFSKY, Jerrold S.

Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.
10/506,911	September 2, 2004	JASTRZAB, Jeffrey R.	23676	3762	5422

Invention: METHOD AND DEVICE FOR WOUND HEALING

Mail Stop Issue Fee  
COMMISSIONER FOR PATENTS  
P.O. Box 1450  
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Transmitted herewith are the following for the above-identified application.

- ☒ Issue Fee Transmittal Form PTOL-85  
☒ Utility Fee: \$ 700.00 ☐ Design Fee: ☐ Plant Fee:  
☒ Publication Fee: \$ 300.00 ☒ Advance Order # 6 copies of Issued Patent Fee: \$18.00  
☐ A check in the amount of is attached.  
☒ The Director is hereby authorized to charge and credit Deposit Account No. 19-2090 as described below.  
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**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

*David A. Farah*  
Signature

Dated: November 1, 2005

David A. Farah, M.D.  
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cc: Loma Linda University

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Marilyn Paik

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22313-1450" [37 CFR 1.8(a)] on

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